

07-27-01

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Atty. Dkt. No. 070191/320 (30-CD-6181)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Surwillo, et al.

Title: A MEDICAL TESTING SYSTEM
WITH AN ILLUMINATING
COMPONENT AND AUTOMATIC
SHUT-OFF

Appl. No.:

Filing Date:

Examiner:

Art Unit:

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Box NEW PATENT APPLICATION, Washington, D.C. 20231.	
EL843898225US (Express Mail Label Number)	July 26, 2001 (Date of Deposit)
Lillian M. Curry (Printed Name)	
<i>Lillian M. Curry</i> (Signature)	

**UTILITY PATENT APPLICATION
TRANSMITTAL**Commissioner for Patents
Box NEW PATENT APPLICATION
Washington, D.C. 20231

Dear Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

John M. Surwillo
Patricia J. Mikula
Gary J. Secora
Glenn Stern

Enclosed are:

- ☒ [X] Specification, Claim(s), and Abstract (17 pages, plus cover sheet).
- ☒ [X] Formal drawings (6 sheets, Figures 1-6).
- ☒ [X] Unexecuted Declaration and Power of Attorney (4 pages).
- ☐ [] Executed Assignment of the invention to GE Medical Systems Information Technologies, Inc. (___ pages).
- ☐ [] Assignment Recordation Cover Sheet (1 page).
- ☐ [] Information Disclosure Statement.
- ☐ [] Form PTO-1449 with copies of ___ listed reference(s).

The filing fee is calculated below:

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jc960 U.S. PTO
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09/915672
07/26/01

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$710.00	\$710.00
Total Claims:	24	- 20	= 4	x \$18.00	= \$72.00
Independents:	5	- 3	= 2	x \$80.00	= \$160.00
If any Multiple Dependent Claim(s) present:				+ \$270.00	= \$0.00
				SUBTOTAL:	= \$942.00
[]				Small Entity Fees Apply (subtract ½ of above):	= \$0.00
				TOTAL FILING FEE:	= \$942.00

- [X] Please charge Deposit Account No. 07-0845 in the amount of \$942.00 to cover the filing fee.
- [] Please charge Deposit Account No. 07-0845 in the amount of \$ to cover the Assignment recordation fee.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7/26/01

By Neal D. Marcus

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